



STATE OF MISSOURI  
DIVISION OF CREDIT UNIONS

**CREDIT UNION OATH OF OFFICE**

**OFFICIAL ACKNOWLEDGMENT OF CORPORATE OFFICER RESPONSIBILITIES FOR FISCAL YEAR 20\_\_**

We, the undersigned, having been duly elected as officers of the Board of Directors, Credit or Supervisory Committee of the \_\_\_\_\_ Credit Union, chartered under the Laws of the State of Missouri, hereby solemnly pledge ourselves to perform our specified duties and to conform to the provisions of the Missouri Credit Union Law, our own By-Laws and all Rules and Regulations of the Division of Credit Unions. **Any change in this official roster throughout the year must be reported promptly to the Director**, Division of Credit Unions, P.O. Box 1607, Jefferson City, Missouri 65102. **FORM MUST BE TYPED OR PRINTED.**

**PRINT OR TYPE/SIGN IN INK/CHECK (X) APPROPRIATE BOXES AS DETERMINED BY YOUR CURRENT BYLAWS**

ACCOUNT NUMBER	OFFICE HELD	BOARD OF DIRECTORS			PERSONAL SIGNATURE OF OFFICIAL AND PRINTED NAME
	<input type="checkbox"/> CHAIRMAN <input type="checkbox"/> PRESIDENT	NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
	<input type="checkbox"/> VICE-CHMN. <input type="checkbox"/> VICE-PRES.	NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
	SECRETARY	NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
	TREASURER	NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
		NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
		NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
		NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
		NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME
	<input type="checkbox"/> MANAGER <input type="checkbox"/> PRESIDENT	NAME			SIGNATURE
		ADDRESS		CITY	▶
		ZIP CODE	PHONE (WORK)	PHONE (HOME)	
					PRINT NAME

**BEFORE SIGNING . . . READ THE OATH AND AFFIRMATION ON OTHER SIDE**

ACCOUNT NUMBER	OFFICE HELD	<b>CREDIT COMMITTEE</b>			PERSONAL SIGNATURE OF OFFICIAL AND PRINTED NAME	
	<b>CHAIRMAN</b>	NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
<b>SUPERVISORY COMMITTEE</b>						
	<b>CHAIRMAN</b>	NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
		NAME			SIGNATURE  	
		ADDRESS		CITY		
		ZIP CODE	PHONE (WORK)	PHONE (HOME)		PRINT NAME
NOTARY PUBLIC EMBOSSER SEAL		STATE OF MISSOURI	COUNTY (OR CITY OF ST. LOUIS		ON THIS	BEFORE ME
				DAY OF	20	
		NAME OF NOTARY (PRINT OR TYPE)			A NOTARY PUBLIC IN AND FOR SAID STATE, PERSONALLY APPEARED	
		NAME OF INDIVIDUAL (PRINT OR TYPE)			KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE WITHIN	
		TYPE OF DOCUMENT		AND ACKNOWLEDGE TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES THEREIN STATED		
		NOTARY PUBLIC SIGNATURE				
MY COMMISSION EXPIRES		USE RUBBER STAMP HERE				